



CITY OF STEPHENVILLE

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Permit # _____ New Irrigation _____

Incode ☐ Chart ☐ Map ☐
(City use Only)

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the Building Inspector's Office within 5 days of the test for record keeping purposes.

NAME OF PWS: **STEPHENVILLE**

PWS I.D. # **0720002**

Establishment: _____

ADDRESS: _____

Owner's Name _____

Mailing Address _____ Contact: _____

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ. Regulations and is certified to be operating within acceptable parameters.

Rain & Freeze tested

TYPE OF ASSEMBLY

() Reduced Pressure Principle

() RPP Detector

() Double Check Valve

() DC-Detector

() Pressure Vacuum Breaker

() AVB

() Spill-Resistant Pressure Vacuum Breaker

() OTHER

Street name

LOCATION DRAWING HERE

Manufacturer: _____ Size: _____ Model Number: _____

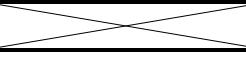
Located At: _____ Serial Number: _____

Description: _____

(General Description) –

Ex.: (Service Line, Lawn Irrigation, Fire, Soda, Boiler, etc.)

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? (Please Circle)
Pass / Fail

Initial Test	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
Test point #1	Double Check Valve Assembly			Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Static held at _____ p.s.i.	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

Test Gauge Used	Make/Model CONBRACO 40-200-TK	Serial # 3032283	Calibration Expiration Date:	Irrigation repair <input type="checkbox"/> REPLACEMENT <input type="checkbox"/>
Firm Name		Firm Physical Address & City, State Zip:		
Firm Phone #	E-mail Address			
Certified Tester (Print Name):		I certify this document to be true at the time of testing		
Certified #:	Expiration Date:	Signature _____ Date _____		

REMARKS: _____

Notify Property Owner

☐ YES ☐ NO

TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS (USE ONLY MANUFACTURER'S REPLACEMENT PARTS)

298 W. Washington – Stephenville, TX 76401

Online Form:

Phone: (254) 918-1213/918-1214

Backflow Report

www.ci.stephenville.tx.us/Ordinance%20&%20Code/Forms/forms.html

Fax: (254) 918- 1207

DETAIL SHEET

VICINITY MAP